

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KAD	2059	5/30
O.I.P.E. CLASSIFIER		20	6/7
FORMALITY REVIEW	SA	852	07-17-09
RESPONSE FORMALITY REVIEW	LIT	60105	10-23-09

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	8/1/05
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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15	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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